

RETURN ADDRESS



201003230094
Skagit County Auditor

3/23/2010 Page 1 of 2 4:03PM

| | | | | | |
|--|-----------------------------|--|--|-------------------------------------|--|
| | | MANUFACTURED HOME APPLICATION | | PLEASE CHECK ONE | |
| Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210) | | | | | |
| 1 MANUFACTURED HOME | | | | | |
| 730 / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| 8190553 | 2001 | Skylin | 44 X 28 | 219103921 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE | | | | | |
| MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED | | | REAL PROPERTY TAX PARCEL NUMBER P34824 | | |
| LOT | BLOCK | PLAT NAME OR SECTION/TOWNSHIP/RANGE | | QUARTER/QUARTER SECTION | |
| | | 17-35-04 | | SW of South Qtr. | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| ADDITIONAL NAMES ON PAGE | | | | | |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | | |
| 29 | 1 | | 1 | | |
| NAME OF REGISTERED OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| Jamie L. Gummere | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| 19057 Dahlstedt Rd. | | | | 98233 | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| | | Burlington | WA | | |
| NAME OF LEGAL OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| | | | | | |
| GRANTEE | | | | | |
| NAME | | | | | |
| I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: | | | | | |
| Signature of Registered Owner and Title, IF APPLICABLE | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARY SEAL OR STAMP | | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | |
| | | State of Washington County of Skagit | Signed or attested before me on 3/23/10 | | |
| | | by Jamie L. Gummere <small>PRINT NAME OF REGISTERED OWNER</small> | Signature | | |
| | | by <small>PRINT NAME OF REGISTERED OWNER</small> | PRINTED NAME OF NOTARY | | |
| | | Title <small>DEALERSHIP POSITION/AGENT/NOTARY</small> | AND: County/Office No. OR Dealer No. OR Notary Expiration Date 2510108 | | |
| 4 TITLE COMPANY CERTIFICATION | | | | | |
| I certify that the legal description of the land and ownership is true and correct per the real property records | | | | | |
| NAME (TYPED OR PRINTED) | | | TITLE COMPANY / PHONE NUMBER | | |
| John S. Milnor | | | Guardian NW Title Co 424-015 | | |
| SIGNATURE / POSITION | | | DATE | | |
| | | | 3/16/2010 | | |
| Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. | | | | | |
| 5 BUILDING PERMIT OFFICE CERTIFICATION | | | | | |
| I certify that: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. | | | | | |
| <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion. | | | | | |
| NAME (TYPED OR PRINTED) | | BLDG PERMIT OFFICE/PHONE # | | BLDG PERMIT # | |
| SIGNATURE / POSITION | | | | DATE | |

MANUFACTURED HOME - FROM SECTION 1

| | | | | |
|-----------------------------|--------------|----------------|-----------------------------|--|
| 7 / PLATE NUMBER 8190553 | YEAR 2001 | MAKE Skylin | LENGTH/WIDTH(FEET) 44x28 | VEHICLE IDENTIFICATION NUMBER (VIN) 219103921 |
|-----------------------------|--------------|----------------|-----------------------------|--|

6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE _____
 Signature of Additional Legal Owner and Title, IF APPLICABLE _____

| | | |
|----------------------|--|---|
| NOTARY SEAL OR STAMP | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | |
| | State of Washington County of _____ | Signed or attested before me on _____ |
| | by PRINT NAME OF LEGAL OWNER _____ | Signature _____ NOTARY OR AGENT |
| | by PRINT NAME OF LEGAL OWNER _____ | PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date |

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

That portion of the SW 1/4 of the SW 1/4 66 Sec. 17, Twp. . 35 N, R 4 E, WM, described as follows: Begin at a point 25 feet North and 60 feet East of the SW corner of said section; thence East 312.8 feet; thence North 208.5 feet; thence West 312.8 feet; thence South 208.5 feet to the POB; EXCEPT the South 10 feet thereof conveyed to Skagit County by deed recorded February 26, 1956 as AFN 577017.

8 DEALER'S REPORT OF SALE

I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

| | | |
|--------------------------------|---------------------------|-------------------------------|
| DEALER NAME (TYPED OR PRINTED) | WA DEALER NUMBER | DATE OF SALE |
| PURCHASE PRICE | TAX JURISDICTION/TAX RATE | DEALER'S AUTHORIZED SIGNATURE |

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).

9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)

I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

| | |
|---|---|
| NAME (TYPED OR PRINTED) Missy Lowrey | COUNTY OFFICE/VFS OPERATOR NUMBER 290108 |
| SIGNATURE Missy Lowrey | DATE 3/23/10 |

10 TITLE FEES

| | | | | | |
|------------|-------------|-----------------|-----------------|---------|------------------|
| FILING FEE | APPLICATION | MOBILE HOME FEE | ELIMINATION FEE | USE TAX | SUBAGENT FEES |
| | | | | | TOTAL FEES & TAX |

IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.

For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.



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